

## ATTACHMENT C

### PROVIDER NARRATIVE TEMPLATE

#### CHILD ADVOCACY CENTER SERVICES FOR LAKE, FULTON, HOWARD, DELAWARE, AND JOHNSON COUNTIES

**Agency Name:**

#### **PROVIDER NARRATIVE (35 points)**

Maximum of 5 pages, not including attachments, Times New Roman, at least 10 font, 1 inch margins. Description of requested attachments can be found in Attachment B KidTraks Provider User Guide - Appendix B. Respondents should only submit one Provider Narrative regardless of how many CAC locations the Respondent is proposing. As a reminder, this RFP is only seeking CAC locations for Lake, Fulton, Howard, Delaware, and Johnson counties.

The Provider Narrative must address the following topics:

#### **GENERAL INFORMATION**

- Describe your agency's history and development to date, including the history and development of your agency's CAC services. This includes important organizational history of the agency, previous agency name if changed, and staffing trends throughout life of the agency.
- Describe the current organizational chart of agency leadership, including current Board of Directors, positions held, and qualifications of staff. If your agency does not follow this organizational structure, please provide details specific to your agency structure and procedures.
  - *Requested attachment: Organizational Chart*
- List any accreditation, community partnerships, or affiliation.
  - *Requested attachment: Supporting documentation of accreditation, partnership, or affiliation*

#### **AGENCY BUSINESS MODEL/LOGISTICS**

- What is the legal status of your organization, including when it became a registered business with the State of Indiana?
  - *Requested attachment: Legal Status*
- Is your agency in good standing with all State and Federal agencies?
  - *Requested attachment: Secretary of State Entity Report*
- How do you plan or how do you currently structure staff employment within your organization for CAC services? For example: do you offer benefits, are you using subcontractors, how will you ensure that your staff will be paid for work they complete for your agency?
- Describe your use of subcontractors for CAC services (if any). Please name the subcontractors and describe their roles.
- Document your agency's financial standing.

- *Requested attachment: Provider Financials*
- Document alternative funding sources and utilization of the funding sources for CAC services.
  - *Requested attachment: Funding Sources*
- Document your agency's current insurance
  - *Requested attachment: Provider Insurance*

## **AGENCY WORK WITHIN THE COMMUNITY**

- Document your agency's history with DCS, regarding contracts, services, and professional relationships. If there is no prior relationship with DCS, please document your professional relationship with other community agencies. These may include local providers, schools, Probation, etc.
- Describe your agency's prior years' outcome of serving the proposed target population and providing the requested services, if any. This section should include an example of when your agency has used data to determine CAC service delivery. If you have not served the proposed target population before, please document prior years' outcome of serving a population similar to the proposed target population. As a reminder, this RFP is only seeking CAC locations in Lake, Fulton, Howard, Delaware, and Johnson counties.
  - *Requested attachment: Agency Quality Improvement*